

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14962

BIRTH NO. _____		REG. DIST. NO. 201		PRIMARY REG. DIST. NO. 5739		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaCrosse		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LaCrosse		0610	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) A.		c. (Last) McCullough	
4. DATE OF DEATH (Month) (Day) (Year)		April 8 1953					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 26 1874	
9. AGE (In years last birthday) 78		10. MONTHS 10		11. DAYS 13		12. IF UNDER 1 YEAR Hours 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel R. McCullough		13b. MOTHER'S MAIDEN NAME Margret L. Pope		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Lillie J. Lornis LaCrosse Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural but Undetermined Exact Cause. Chronic HT Conduction for 3 yrs. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Lester Sutton, Coroner				23b. ADDRESS Macon, Mo.		23c. DATE SIGNED 4-8-1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 10 1953		24c. NAME OF CEMETERY OR CREMATORY La Plata		24d. LOCATION (City, town, or county) (State) La Plata Macon Mo	
DATE REC'D BY LOCAL REG. 4/9-53		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS South Gifford Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4.14.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 4.53-72.
Date Filed 4.10.53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed

Clyde McCallum

Licensed Embalmer No. 3226

P. O. Address South Gifford Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.